

PROPOSED  
HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2442  
(Reference to printed bill)

1 Page 1, between lines 5 and 6, insert:

2            "A. IF A DEPENDENT CHILD WHO IS IN THE LEGAL CUSTODY OF THE DEPARTMENT  
3        OF CHILD SAFETY IS PLACED IN FOSTER CARE, THE FOSTER PARENT SHALL RECEIVE  
4        FROM THE DEPARTMENT CONTACT INFORMATION FOR THE CHILD'S CASEWORKER, THE  
5        CHILD'S REGIONAL BEHAVIORAL HEALTH AUTHORITY DESIGNATED POINT OF CONTACT, THE  
6        TELEPHONE NUMBER TO THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM'S  
7        CUSTOMER SERVICE LINE, A LIST OF ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
8        REGISTERED PROVIDERS AND INFORMATION REGARDING THE FOSTER PARENT'S RIGHTS  
9        UNDER THIS SECTION.

10            B."

11 Line 15, after the period insert:

12            "C."

13 Line 16, strike "APPOINTMENT" insert "SERVICE"; after "PROVIDED" insert "WITHIN  
14        TWENTY-ONE DAYS"; strike "MAY"

15 Strike lines 17 through 19, insert ":"

16            1. SHALL CALL THE REGIONAL BEHAVIORAL HEALTH AUTHORITY DESIGNATED  
17        POINT OF CONTACT AND THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM'S  
18        CUSTOMER SERVICE LINE TO DOCUMENT THE FAILURE TO RECEIVE THE SERVICE.

19            2. MAY ACCESS SERVICES DIRECTLY FROM ANY ARIZONA HEALTH CARE COST  
20        CONTAINMENT SYSTEM REGISTERED PROVIDER REGARDLESS OF WHETHER THE PROVIDER IS  
21        CONTRACTED WITH THE REGIONAL BEHAVIORAL HEALTH AUTHORITY. IF THE PROVIDER IS  
22        NOT CONTRACTED WITH THE REGIONAL BEHAVIORAL HEALTH AUTHORITY, THE PROVIDER  
23        MUST SUBMIT THE PROVIDER'S CLAIM TO THE REGIONAL BEHAVIORAL HEALTH AUTHORITY  
24        AND ACCEPT THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM FEE SCHEDULE  
25        RATES.

1           D. IF THE FOSTER PARENT OR ADOPTIVE PARENT RECOGNIZES THAT THE  
2 DEPENDENT CHILD IS IN NEED OF CRISIS SERVICES AND THE CRISIS RESPONSE NETWORK  
3 IN THAT COUNTY IS NOT BEING RESPONSIVE TO THE SITUATION, THE FOSTER PARENT OR  
4 ADOPTIVE PARENT MAY CONTACT THE CHILD'S REGIONAL BEHAVIORAL HEALTH AUTHORITY  
5 DESIGNATED POINT OF CONTACT TO COORDINATE CRISIS SERVICES FOR THE CHILD.

6           E. THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION  
7 SHALL TRACK AND REPORT ANNUALLY THE NUMBER OF TIMES THE REGIONAL BEHAVIORAL  
8 HEALTH AUTHORITY COORDINATED CRISIS SERVICES BECAUSE THE CRISIS RESPONSE  
9 NETWORK WAS UNRESPONSIVE, THE NUMBER OF TIMES SERVICES WERE NOT PROVIDED  
10 WITHIN THE TWENTY-ONE-DAY TIME FRAME, THE AMOUNT OF SERVICES ACCESSED  
11 DIRECTLY BY FOSTER OR ADOPTIVE PARENTS THAT WERE PROVIDED BY NONCONTRACTED  
12 PROVIDERS AND THE AMOUNT THE ADMINISTRATION SPENT ON SERVICES PURSUANT TO  
13 THIS SECTION. ON OR BEFORE JULY 1, 2017, THE ADMINISTRATION SHALL COMPLETE A  
14 NETWORK ADEQUACY STUDY FOR BEHAVIORAL HEALTH SERVICE PROVIDERS THAT PROVIDE  
15 BEHAVIORAL HEALTH SERVICES TO CHILDREN ENROLLED IN THE COMPREHENSIVE MEDICAL  
16 AND DENTAL CARE PROGRAM.

17           F. THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION  
18 SHALL ADOPT CORRECTIVE ACTION PLANS, SANCTIONS OR OTHER MEASURES TO ADDRESS  
19 NONCOMPLIANCE BY THE REGIONAL BEHAVIORAL HEALTH AUTHORITY, INCLUDING  
20 COMPLIANCE WITH THE TIMELY PAYMENT REQUIREMENTS PURSUANT TO SECTION 36-2904."

21 Amend title to conform

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2442ALLEN J  
02/12/2016  
1:59 PM  
C: mjh